



Delta Dental of Iowa
 Summary of Covered Services and Benefits
West Des Moines School District

Delta Dental PPO Plus Premier®	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX	LIFETIME MAX
BENEFIT CATEGORIES	\$15 / \$45 Delta Dental PPO \$25 / \$75 Delta Dental Premier/Non-Par	Delta Dental PPO/ Delta Dental Premier and Non-Par	\$2,000	
Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) 1. Dental Cleaning 2. Oral Evaluations 3. Fluoride Applications 4. X-rays	Waived	00% / 00%	Yes	
Cavity Repair and Tooth Extractions (Routine and Restorative Services) 1. Emergency Treatment 2. General Anesthesia/Sedation 3. Restoration of Decayed or Fractured Teeth 4. Limited Occlusal Adjustment 5. Routine Oral Surgery 6. Sealant Applications 7. Space Maintainers	Yes	10% / 20%	Yes	
Root Canals (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	Yes	20% / 20%	Yes	
Gum and Bone Diseases (Periodontal Services) 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) 3. Periodontal Maintenance Therapy	Yes	20% / 20%	Yes	
High Cost Restorations (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	Yes	20% / 20%	Yes	
Dentures and Bridges (Prosthetics - replacement of missing teeth) 1. Bridges 2. Dentures 3. Repairs & Adjustments	Yes	50% / 50%	Yes	
Straighter Teeth (Orthodontics – eligible children to age 19)		50% / 50%		\$2,000

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the Dental Summary Plan Description itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply.

An eligible child is under 26 years of age or an unmarried full-time student.

Coinsurance is shown as the percentage that is the responsibility of the Covered Person.

Benefit Period is January to December (calendar year).